

# **BEHAVIORAL HEALTH AND EMPLOYEE ASSISTANCE PROGRAM**

Maricopa County offers both an Employee Assistance Program (EAP) and Behavioral Health Benefit administered by the same company, Magellan Health Services (Magellan). All employees (including contract and temporary) and their dependents are eligible for the EAP Program. Dependents under EAP are defined differently than under your health and dental plan. This program is available for anyone living in your household and for children going to school out of state or who live out-of-state if you are responsible for benefits. However, the Behavioral Health benefit is limited to those employees who have elected CIGNA medical coverage (except for CIGNA Choice Fund Health Savings Account) and to their dependents that are covered under the Medical Plan.

## **EAP Program**

This is a brief summary of the EAP benefit. For details about the EAP benefit, you may refer to the Magellan brochure located on the EBC/Intranet at <http://ebc.maricopa.gov/ehi> or on the Internet Web site at [www.maricopa.gov/benefits](http://www.maricopa.gov/benefits).

The Employee Assistance Program (EAP) offered through Magellan is an employer-paid benefit that provides short-term counseling for both personal and work-related issues for you and your dependents. There is no premium charged to you for this benefit and there is no copayment when you use this service.

Sometimes employees face problems that they cannot solve. Concerns can become overwhelming and affect work performance, personal happiness, family relations and health. When this occurs, professional help may be needed to resolve the problem before it becomes a larger issue. You will be assisted by a behavioral health professional who will ensure that your treatment is at the most appropriate level for your situation.

Your EAP provides a full range of counseling and referral services for individual, family and marital concerns, stress and job-related matters, child and domestic abuse, chemical and alcohol dependency assessment, and legal or financial issues. Counseling is available by phone or in person, depending on your preference.

## **Counseling**

Your EAP benefit provides up to eight individual counseling sessions for you and your dependents per person, per problem, per year. If sufficient need is shown, upon your approval, your counselor may encourage other members of your family to participate. Magellan provides the strictest confidentiality possible, as set forth in state and federal statutes. Release of information by the EAP concerning an individual can be given only with your written consent, except where required by law (e.g., when child abuse is suspected or when posing a danger to self or others).

In addition to EAP services administered by Magellan, Sheriff's Office employees and their dependents may access the Sheriff's Office Behavioral Health Services Unit by calling 602-876-1852.

## **Legal Consultation**

Your EAP provides legal consultation services. You can call to be referred to an attorney for a prepaid initial in-person consultation or for an immediate telephonic consultation on issues such as estate planning; family and divorce law, civil and criminal matters, and more.

## **Financial Counseling**

Your EAP also includes services to help you reach your financial goals. When you call, you'll be put in touch with a financial expert who can provide information and answer questions on a wide range of topics, including planning for retirement, debt consolidation, and more.

For more information regarding the EAP benefit or to make an appointment, contact Magellan at 1-888-213-5125, 24 hours a day, seven days a week or online at [www.magellanhealth.com](http://www.magellanhealth.com).

## **BEHAVIORAL HEALTH AND SUBSTANCE ABUSE BENEFIT**

This is a brief summary of the behavioral health/substance abuse benefits. For details about the Magellan behavioral health and substance abuse benefit, you may refer to the Behavioral Health Benefits Summary Plan Document on the EBC/Intranet at <http://ebc.maricopa.gov/ehi/> or on the Internet Web site at [www.maricopa.gov/benefits](http://www.maricopa.gov/benefits).

The behavioral health benefit, which is provided to you and your eligible dependents enrolled in a CIGNA medical plan (except for CIGNA Choice Fund Health Savings Account), provides services that support your well-being. These services help you deal with a wide range of issues, including:

- Depression
- Severe stress and anxiety
- Alcohol or drug dependency
- Legal concerns
- Eating disorders
- Grief and loss
- Anger management
- Financial worries
- Compulsive gambling
- And more

Through these services you can receive confidential counseling whenever you and/or your eligible dependents are faced with a personal challenge. Protecting your confidentiality is Magellan's top priority. All records, including personal information, referrals and evaluations, are kept confidential in accordance with federal and state laws.

Provided below is a summary of your benefits. It is important for you to understand that in-network benefits received through a participating provider are payable only if each service is determined to be medically necessary and is approved by Magellan before you start treatment. Higher levels of care, for out-of network providers (such as inpatient, residential, intensive outpatient, and partial hospitalization) also require prior approval by Magellan Health Services. However, out-of-network outpatient individual or group counseling services do not require prior approval.

In addition to the behavioral health and substance abuse services provided by Magellan, Sheriff's Office employees and their dependents may access the Sheriff's Office Behavioral Health Services Unit by calling 602-876-1852.

For more information regarding the Magellan behavioral health and substance abuse benefit, claims payment, to obtain prior authorization or to find a participating provider, contact Magellan, 24 hours a day, seven days a week at 1-888-213-5125.

Magellan processes behavioral health and substance abuse claims, which should be mailed to Magellan, P. O. Box 1098, Maryland Heights, MO 63043.

## Magellan Health Services Benefits at a Glance

Level of Care	In-Network Benefit	In-Network Rules	Out-of-Network Benefit	Out-of-Network Rules
<b>Inpatient Hospitalization</b>	<ul style="list-style-type: none"> <li>30 days per year are shared between in and out-of-network benefits</li> <li>\$25 co-pay per day</li> </ul>	<ul style="list-style-type: none"> <li>Pre-authorization required</li> </ul>	<ul style="list-style-type: none"> <li>30 days per year are shared between in and out-of-network benefits</li> <li>\$500 deductible</li> <li>Plan pays \$250 per day after deductible is met. All other costs after plan payment of \$250 are member's responsibility</li> </ul>	<ul style="list-style-type: none"> <li>Pre-authorization required</li> <li>It is the member's responsibility to obtain pre-authorization for initial and concurrent reviews</li> <li>Failure to obtain pre-authorization results in no reimbursement</li> </ul>
<b>Partial Hospitalization</b>	<ul style="list-style-type: none"> <li>Benefit is derived from trading unused inpatient hospitalization days for up to 30 partial hospitalization days per year</li> <li>30 partial days per year are shared between in and out-of-network benefits</li> <li>Trade at 2 partial days for 1 inpatient day</li> <li>\$20 co-pay per day</li> </ul>	<ul style="list-style-type: none"> <li>Pre-authorization required</li> </ul>	<ul style="list-style-type: none"> <li>Benefit derived from trading unused inpatient hospitalization days for up to 30 partial hospitalization days per year</li> <li>30 partial days per year are shared between in and out-of-network benefits</li> <li>Trade at 2 partial days for 1 inpatient day</li> <li>\$250 deductible</li> <li>Plan pays \$125 per day after deductible. All costs after plan payment of \$125 are member's responsibility</li> </ul>	<ul style="list-style-type: none"> <li>Pre-authorization required.</li> <li>It is the member's responsibility to obtain pre-authorization for initial and concurrent reviews</li> <li>Failure to obtain preauthorization results in no reimbursement</li> </ul>
<b>Residential</b>	<ul style="list-style-type: none"> <li>60 days per year</li> <li>\$12.50 co-pay per day</li> </ul>	<ul style="list-style-type: none"> <li>Pre-authorization required</li> </ul>	<ul style="list-style-type: none"> <li>No benefit</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>
<b>Intensive outpatient (IOP)</b>	<ul style="list-style-type: none"> <li>45 IOP visits per year are shared between in and out-of-network benefits</li> <li>\$100 co-pay per program</li> </ul>	<ul style="list-style-type: none"> <li>Pre-authorization required</li> <li>\$100/program co-pay applies to a continuous episode of care in IOP. If patient discontinues &amp; restarts program, a new \$100 co-pay is applied.</li> </ul>	<ul style="list-style-type: none"> <li>45 IOP visits per year are shared between in and out-of-network benefits</li> <li>Plan pays \$40 per visit. All other costs after plan payment of \$40 per visit are member's responsibility</li> </ul>	<ul style="list-style-type: none"> <li>Pre-authorization required</li> <li>It is the member's responsibility to obtain pre-authorization for initial and concurrent reviews</li> <li>Failure to obtain preauthorization results in no reimbursement</li> </ul>
<b>Outpatient therapy (individual, family, and medication evaluation)</b>	<ul style="list-style-type: none"> <li>30 visits per year are shared between in and out-of-network benefits</li> <li>\$10 co-pay per visit</li> </ul>	<ul style="list-style-type: none"> <li>Pre-authorization required</li> </ul>	<ul style="list-style-type: none"> <li>30 visits per year are shared between in and out-of-network benefits</li> <li>Plan pays \$25 per visit. All other costs after plan payment of \$25 per visit are member's responsibility</li> </ul>	<ul style="list-style-type: none"> <li>No pre-authorization required</li> </ul>
<b>Outpatient Group Psychotherapy</b>	<ul style="list-style-type: none"> <li>60 visits per year are shared between in and out-of-network benefits</li> <li>\$5 co-pay per visit</li> </ul>	<ul style="list-style-type: none"> <li>Pre-authorization required</li> </ul>	<ul style="list-style-type: none"> <li>60 visits per year are shared between in and out-of-network benefits</li> <li>Plan pays \$15 per visit. All other costs after plan payment of \$15 per visit are member's responsibility</li> </ul>	<ul style="list-style-type: none"> <li>No pre-authorization required</li> </ul>
<b>Ongoing Medication Management</b>	<ul style="list-style-type: none"> <li>\$10 co-pay per visit</li> <li>Not subject to Outpatient visit limits</li> </ul>	<ul style="list-style-type: none"> <li>Pre-authorization required</li> </ul>	<ul style="list-style-type: none"> <li>Plan pays \$25 per visit. All costs after plan payment of \$25 per visit are member's responsibility</li> <li>Not subject to Outpatient visit limits</li> </ul>	<ul style="list-style-type: none"> <li>No pre-authorization required</li> </ul>
<b>Lifetime Maximums</b>	No lifetime maximum		\$5 million lifetime maximum	